UGANDA INSTITUTE OF INFORMATION AND COMMUNICATIONS TECHNOLOGY

Plot 9-21 Port Bell Road, Nakawa

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Website http://www.uict.ac.ug

SHORT COURSES SKILLS TRAINING PROGRAM

APPLICATION FORM FOR ADMISSION

Instruction

Fill in this form and return to the office of the Coordinator- Business Development Centre (BDC) on the above address.

I.   Name of the applicant: _____

   (Print in CAPITAL LETTERS)

II. Contact Information:

   Post Address: _____

   Office Telephone: _____   Mob. Tel: _____

   E-mail: _____

III. Education Background:

   ❑   Some High School
   ❑   Undergraduate
   ❑   Graduate
   ❑   Postgraduate

IV. Course you are applying for:

   ❑   Microsoft Unlimited potential 1
   ❑   Microsoft Unlimited potential 11
   ❑   Computer Hardware and maintenance (A+)
   ❑   ………………………………………………………………………………
   ❑   ………………………………………………………………………………
   ❑   ………………………………………………………………………………

V.   Indicate your profession (please check appropriate section)

   ❑   Student
   ❑   Business
   ❑   School vacation
   ❑   Others (specify)

VI. Are you interested in some other courses other than those mentioned in this application Form?

- ❑ YES(if Yes specify)
- ❑ NO

VII. Employment Background

- ☐ Employed (if Yes, state the organization and nature of work)

_____

- ☐ Not Employed

VIII. How did you come to know about this Program?

- ☐ Friend
- ☐ Newspaper
- ☐ Other media (Specify)

IX. Indicate the intake you are signing for: (check appropriate section)

- ☐ 9:00am- 12:00pm (Morning)
- ☐ 2:00pm- 5.00pm (Afternoon)
- ☐ 5:00pm- 9.00pm (Evening)
- ☐ Other

FOR OFFICIAL USE ONLY

Remarks:.---

Recommended　Yes ☐　No ☐　　　　　Approved　Yes ☐　No ☐

_____　　　　　　　_____

HEAD OF DEPARTMENT　　　　　　　**COORDINATOR- BDC**

_____　　　　　_____

Date of Application:　　　　　**Signature of Applicant**